

Appendix 6

Sample Survey Data Collection Form

Agency Name _____

ALL DATA SHOULD BE EFFECTIVE JANUARY 1, 2007

PATROL/STATE TROOPER CLASSIFICATIONS

Survey Classification	Matched Classification
Officer	
Sergeant	
Captain	
Regional/Divisional Chief	

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Section 1 - Bargaining Unit Composition – Patrol/State Trooper

BARGAINING UNIT COMPOSITION/DETAILS – PATROL/STATE TROOPER		
Survey Classification	Bargaining Unit Name	Agreement Dates (Start/Expiration)
Officer		
Sergeant		
Captain		
Regional/Division Chief		

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Section 2 - Weekly Work Schedule and Overtime Details

This section of the survey is designed to capture details of the work week for each survey classification, as well as any overtime provisions.

WORK WEEK SCHEDULES – PATROL/STATE TROOPER		
Survey Classification	Daily/Weekly Schedule (e.g. 8 hour day, 9 hour day, etc)	Overtime Rate/Special Details
Officer		
Data Source:		
Sergeant		
Data Source:		
Captain		
Data Source:		
Regional/Divisional Chief		
Data Source:		

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Section 3 – Premium Pay Amounts

This section of the survey captures premium pay amounts paid to each survey classification. Please identify the premium pay amount for each category and then identify any classifications that receive this premium pay. Premium pay categories can also be assignment areas such as K-9, aircraft or helicopter pilot/observer, detective, SWAT, etc.

PREMIUM PAY PRACTICES PATROL/STATE TROOPER		
Premium Pay Type	Premium Pay Amount	Class(es) Receiving Premium Pay
Uniform Allowance		
Data source:		
Uniform Allowance		
Data source:		
Motorcycle Pay		
Data source:		
Motorcycle Pay		
Data source:		

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PREMIUM PAY PRACTICES PATROL/STATE TROOPER		
Premium Pay Type	Premium Pay Amount	Class(es) Receiving Premium Pay
Shift Pay (List type of shift)		
Data source:		
Shift Pay (List type of shift)		
Data Source:		
Shift Pay (List type of shift)		
Data Source:		
Longevity Pay (List all levels of longevity pay, the year in which they are applicable and the amount)		
Data Source:		

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PREMIUM PAY PRACTICES PATROL/STATE TROOPER		
Premium Pay Type	Premium Pay Amount	Class(es) Receiving Premium Pay
Longevity Pay (List all levels of longevity pay, the year in which they are applicable and the amount.		
Data Source:		
Fitness Pay		
Data Source:		
Fitness Pay		
Data Source:		
Employer contribution to deferred compensation		
Data Source:		
Employer contribution to deferred compensation		
Data Source:		
Any other premium pay amounts		
Data Source:		

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PREMIUM PAY PRACTICES PATROL/STATE TROOPER		
Premium Pay Type	Premium Pay Amount	Class(es) Receiving Premium Pay
Any other premium pay amounts		
Data Source:		
Any other premium pay amounts		
Data Source:		
Any other premium pay amounts		
Data Source:		
Any other premium pay amounts		
Data Source:		
Any other premium pay amounts		
Data Source:		
Any other premium pay amounts		
Data Source:		
Any other premium pay amounts		
Data Source:		

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PREMIUM PAY PRACTICES PATROL/STATE TROOPER		
Premium Pay Type	Premium Pay Amount	Class(es) Receiving Premium Pay
Any other premium pay amounts		
Data Source:		
Any other premium pay amounts		
Data Source:		
Any other premium pay amounts		
Data Source:		

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Section 4 – Education Incentive Amounts

This section of the survey captures the education incentive pay provided to each survey class. List all incentives provided under the relevant category, and then identify the most each class can receive – MOU language may address the practice as “stacking” or “pyramiding”, or “cumulative”. If you see the term “**compounded**”, then it means that the total incentive is compounded, e.g. base salary times Education Incentive #1 times Education Incentive #2.

EDUCATION INCENTIVE PRACTICES PATROL/STATE TROOPER			
Survey Classification	Certification/Education/Amount		Maximum Amount Paid for All Incentives Per Month
	Certifications/Amount Per Month as Percentage of Pay or Flat Amount	Education/Amount Per Month as Percentage of Pay or Flat Amount	
Officer	POST Basic POST Intermediate POST Advanced Other	AA Degree BA Degree MA Degree Other	
Data Source:			
Sergeant	POST Intermediate POST Advanced POST Supervisory Other	AA Degree BA Degree MA Degree Other	
Data Source:			

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EDUCATION INCENTIVE PRACTICES PATROL/STATE TROOPER			
Survey Classification	Certification/Education/Amount		Maximum Amount Paid for All Incentives Per Month
	Certifications/Amount Per Month as Percentage of Pay or Flat Amount	Education/Amount Per Month as Percentage of Pay or Flat Amount	
Captain	POST Advanced POST Supervisory POST Management Other	AA Degree BA Degree MA Degree Other	
Data Source:			
Regional/Divisional Chief	POST Supervisory POST Management POST Executive Other	AA Degree BA Degree MA Degree Other	
Data Source:			

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Section 5 - Employer Contribution to Benefits Programs

Identify the employer contribution amount for each benefit category for each survey classification. If two classes receive the same benefit, you can so state by placing that information into the appropriate cell. For example, if the Sergeant receives the same medical amounts as the Officer, then you can place "Same as Officer" in the Sergeant box.

EMPLOYER CONTRIBUTION TO BENEFITS PROGRAMS PATROL/STATE TROOPER			
CAFETERIA PLAN PRACTICES (IF PROVIDED IN LIEU OF CONTRIBUTIONS TO HEALTH PLANS)			
Enter the maximum amount paid by the employer and what benefits the payment is intended to cover, e.g. medical, dental, life, etc.			
Officer	Sergeant	Captain	Reg./Div. Chief
Data Source:			
If your employees can receive payment in lieu of benefits, please provide the maximum amount they can receive, and indicate whether they can receive it in cash or deferred compensation.			
Officer	Sergeant	Captain	Reg./Div. Chief
Max. Amount	Max. Amount	Max. Amount	Max. Amount
Cash	Cash	Cash	Cash
Deferred Comp	Deferred Comp	Deferred Comp	Deferred Comp
Data Source:			

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EMPLOYER CONTRIBUTION TO BENEFITS PROGRAMS PATROL/STATE TROOPER

Does the health plan include prescription drug coverage? If no, confirm how much extra the employer and/or employee must pay for coverage

Officer	Sergeant	Captain	Reg./Div. Chief
Yes	Yes	Yes	Yes
No (Employer cost)	No (Employer cost)	No (Employer cost)	No (Employer cost)
No (Employee cost)	No (Employee cost)	No (Employee cost)	No (Employee cost)

Data Source:

MEDICAL PLAN

List the **employer's maximum** contribution for full family coverage for the most commonly used plan

Officer	Sergeant	Captain	Reg./Div. Chief

List the **employee's maximum** contribution for full family coverage for the most commonly used plan

Officer	Sergeant	Captain	Reg./Div. Chief

List the name of the most commonly used plan

Officer	Sergeant	Captain	Reg./Div. Chief

Data Source:

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EMPLOYER CONTRIBUTION TO BENEFITS PROGRAMS PATROL/STATE TROOPER

DENTAL PLAN

List the **employer's maximum** contribution for full family coverage for the most commonly used plan

Officer	Sergeant	Captain	Reg./Div. Chief

List the **employee's maximum** contribution for full family coverage for the most commonly used plan

Officer	Sergeant	Captain	Reg./Div. Chief

List the name of the most commonly used plan

Officer	Sergeant	Captain	Reg./Div. Chief

Data Source:

VISION PLAN

List the **employer's maximum** contribution for full family coverage for the most commonly used plan

Officer	Sergeant	Captain	Reg./Div. Chief

Agency Name _____

EMPLOYER CONTRIBUTION TO BENEFITS PROGRAMS PATROL/STATE TROOPER

VISION PLAN

List the employee's *maximum* contribution for full family coverage for the most commonly used plan

Officer	Sergeant	Captain	Reg./Div. Chief

Data Source:

OTHER HEALTH CONTRIBUTIONS

Does your agency contribute any additional amounts, not already reported, to the cost of health care? If yes, please indicate the monthly amount below, if no please indicate N/A.

Officer	Sergeant	Captain	Reg./Div. Chief

Data Source:

LIFE INSURANCE

List the benefit (e.g. \$25,000 or 1 time annual salary) and cost (e.g. \$0.35 per \$1,000). If your agency does not offer this benefit, place "N/A" in the box.

Officer	Sergeant	Captain	Reg./Div. Chief
Benefit	Benefit	Benefit	Benefit
Cost	Cost	Cost	Cost

Data Source:

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SHORT TERM DISABILITY			
List whether or not your agency provides this benefit by leaving the correct answer in the box and deleting the other response.			
Officer	Sergeant	Captain	Reg./Div. Chief
Yes No	Yes No	Yes No	Yes No
Data Source:			
LONG TERM DISABILITY			
List the benefit (e.g. 60% of base salary) any caps (e.g. \$5,000 per month) and cost (e.g. \$0.85 per \$100). If your agency does not offer this benefit, place "N/A" in the box.			
Officer	Sergeant	Captain	Reg./Div, Chief
Benefit	Benefit	Benefit	Benefit
Cap	Cap	Cap	Cap
Cost	Cost	Cost	Cost
Data Source:			
ACCIDENTAL DEATH AND DISMEMBERMENT PROGRAM			
List the benefit (e.g. \$25,000 or 1 time annual salary) and cost (e.g. \$0.08 per \$1,000). If your agency does not offer this benefit, place "N/A" in the box. If the cost of this plan is included in your life insurance plan, please write "Inc in life" on the cost line			
Officer	Sergeant	Captain	Reg./Div, Chief
Benefit	Benefit	Benefit	Benefit
Cost	Cost	Cost	Cost
Data Source:			

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EMPLOYER CONTRIBUTION TO BENEFITS PROGRAMS PATROL/STATE TROOPER

RETIREE MEDICAL PLAN

List the **employer's maximum** contribution for the most commonly used medical plan for the listed categories of retirees. If your agency does not offer coverage for the specific category, place "N/A" next to the category.

Officer	Sergeant	Captain	Reg./Div, Chief
Retiree Only	Retiree Only	Retiree Only	Retiree Only
Retiree/Spouse	Retiree/Spouse	Retiree/Spouse	Retiree/Spouse
Retiree/Family	Retiree/Family	Retiree/Family	Retiree/Family

List the **employee's maximum** contribution for the most commonly used plan for the listed categories. If your agency does not offer coverage for the specific category, place "N/A" next to the category

Officer	Sergeant	Captain	Reg./Div, Chief
Retiree Only	Retiree Only	Retiree Only	Retiree Only
Retiree/Spouse	Retiree/Spouse	Retiree/Spouse	Retiree/Spouse
Retiree/Family	Retiree/Family	Retiree/Family	Retiree/Family

List the name of the most commonly used plan

Officer	Sergeant	Captain	Reg./Div, Chief

Data Source:

Agency Name _____

EMPLOYER CONTRIBUTION TO BENEFITS PROGRAMS PATROL/STATE TROOPER

RETIREE MEDICAL PLAN

Does the retiree health plan include prescription drug coverage? If no, confirm how much extra the employer and/or employee must pay for coverage if available.

Officer	Sergeant	Captain	Reg./Div. Chief
Yes	Yes	Yes	Yes
No (Employer cost)	No (Employer cost)	No (Employer cost)	No (Employer cost)
No (Employee cost)	No (Employee cost)	No (Employee cost)	No (Employee cost)

Data Source:

Is there an eligibility requirement (e.g. 5 years of service) or vesting schedule (e.g. 100% vested at 20 years) for retiree medical programs? If the answer is yes, identify the requirement and/or vesting schedule.

Officer	Sergeant	Captain	Reg./Div, Chief
No	No	No	No
Yes	Yes	Yes	Yes
Requirement/Vesting Schedule	Requirement/Vesting Schedule	Requirement/Vesting Schedule	Requirement/Vesting Schedule

Data Source:

Agency Name _____

EMPLOYER CONTRIBUTION TO BENEFITS PROGRAMS PATROL/STATE TROOPER

When was the last time this benefit changed? Identify the previous practice and the date the change occurred.

Officer	Sergeant	Captain	Reg./Div, Chief
Benefit changed on (date)	Benefit changed on (date)	Benefit changed on (date)	Benefit changed on (date)
Previous practice	Previous practice	Previous practice	Previous practice

Data Source:

RETIREMENT PLAN

List the type of retirement plan your agency has, e.g. PERS, 37 Act

Officer	Sergeant	Captain	Reg./Div, Chief

List the retirement benefit, e.g. 3%@50, etc.

Officer	Sergeant	Captain	Reg./Div, Chief

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EMPLOYER CONTRIBUTION TO BENEFITS PROGRAMS PATROL/STATE TROOPER

List the retirement formula, e.g. single highest year, average three highest years, etc.

Officer	Sergeant	Captain	Reg./Div, Chief

What is the total **Employer** contribution, as a percentage of base salary?

Officer	Sergeant	Captain	Reg./Div, Chief

Data Source:

RETIREMENT PLAN

What is the total **Employee** contribution, regardless of who pays it, as a percentage of base salary? If your agency is not under PERS, base your response on the amount required for an employee who is 35 years old with 15 years of service.

Officer	Sergeant	Captain	Reg./Div, Chief

Data Source:

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EMPLOYER CONTRIBUTION TO BENEFITS PROGRAMS PATROL/STATE TROOPER

What is the percentage of the **Employee** contribution paid by **Employer** (if applicable)

Officer	Sergeant	Captain	Reg./Div, Chief

Data Source:

What is the percentage of the **Employee** contribution paid by the **Employee** (if applicable)

Officer	Sergeant	Captain	Reg./Div, Chief

Data Source:

When was the last time this benefit changed? Identify the previous practice and the date the change occurred.

Officer	Sergeant	Captain	Reg./Div, Chief
Benefit has not changed	Benefit has not changed	Benefit has not changed	Benefit has not changed
Benefit changed on (date)	Benefit changed on (date)	Benefit changed on (date)	Benefit changed on (date)
Previous practice	Previous practice	Previous practice	Previous practice

Data Source:

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EMPLOYER CONTRIBUTION TO BENEFITS PROGRAMS PATROL/STATE TROOPER
Indicate whether your agency participates in Social Security at the full rate of 7.65% (Medicare and FICA), or 1.45% (Medicare only)
Data Source:

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Section 6- Leave Practices

This section of the survey captures leave practices for each survey classification in hours.

LEAVE PRACTICES PATROL AND ENFORCEMENT (P/E)								
Vacation Leave	Officer		Sergeant		Captain		Reg./Div. Chief	
Enter the number of hours accrued per year for each year of service, as well as the maximum amount that can be accrued in that year.	Annual Accrual	Max. Accrual	Annual Accrual	Max. Accrual	Annual Accrual	Max. Accrual	Annual Accrual	Max. Accrual
Year 1								
Year 5								
Year 10								
Year 15								
Year 20								
Maximum Accrual List the year of service for maximum accrual _____								
Data Source:								

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LEAVE PRACTICES PATROL AND ENFORCEMENT (/PE)								
Leave Practices								
Sick Leave	Officer		Sergeant		Captain		Reg./Div. Chief	
List the number of hours per year and the maximum number of hours of accrual allowed.	Annual Accrual	Max. Accrual	Annual Accrual	Max. Accrual	Annual Accrual	Max. Accrual	Annual Accrual	Max. Accrual
Data Source:								
Holidays	Officer		Sergeant		Captain		Reg./Div. Chief	
List the holiday hours provided each year.								
Data Source:								
Administrative Leave	Officer		Sergeant		Captain		Reg./Div. Chief	
If your agency provides administrative leave for these classes, indicate the number of hours provided per year.	Yes		Yes		Yes		Yes	
	Hours/Year		Hours/Year		Hours/Year		Hours/Year	
	No		No		No		No	
Data Source:								

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LEAVE PRACTICES PATROL AND ENFORCEMENT (/PE)				
Leave Practices				
Leave Buy Back	Officer	Sergeant	Captain	Reg./Div. Chief
<p>Is there a leave buy back policy for any of the leave categories?</p> <p>If yes, list the leave category and describe the policy.</p>	<p>Yes</p> <p>No</p>	<p>Yes</p> <p>No</p>	<p>Yes</p> <p>No</p>	<p>Yes</p> <p>No</p>
Data Source:				